

2011 Amended **Multiple-beneficiary Permit** Application

859A

MBP Information

MBP permit #	Federal EIN	MBP Name
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Complete only if there is a change in address.

Mailing address	City	State AK	Zip + 4
Phone	Fax	Email	

Members in Charge of Games

Members in charge must be natural persons and active members of one of the organizations or employees of the municipality and designated by the organization or municipality. Members in charge may not be licensed as an operator, be a registered vendor or an employee of a vendor for this organization. If more than one change, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Primary member first name	MI	Primary member last name	Email	Effective date
Social Security number	Daytime phone number	Mobile number	Has the primary member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home mailing address	City	State AK	Zip + 4	Permit # under which test was taken	

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Alternate member first name	MI	Alternate member last name	Email	Effective date
Social Security number	Daytime phone number	Mobile number	Has the primary member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home mailing address	City	State AK	Zip + 4	Permit # under which test was taken	

Change in MBP Member Applicants

All member applicants must (1) have a permit or (2) have applied for a permit in this permit year. If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of organization	Phone number
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Permit #	Name of organization	Phone number

Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

- ☐ Yes ☐ No Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state or another jurisdiction that is a crime involving theft or dishonesty or a violation of gambling laws?
- ☐ Yes ☐ No Does any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?

<i>We declare, under penalty of unsworn falsification, that we have examined this application, including any attachments, and that, to the best of our knowledge and belief, it is true and complete. We understand that any false statement made on the application or any attachments is punishable by law. With our signatures below, we agree to allow the Department of Revenue to review any criminal history we may have in accordance with 15 AAC 160.934</i>		
Primary Member Signature	Printed Name	Date
Alternate Member Signature	Printed Name	Date
Manager Signature	Printed Name	Date

One copy of the application must be sent to all applicable municipalities and boroughs.

See instructions for mandatory attachments.

Mail to **Alaska Department of Revenue - Tax Division** • PO Box 110420 • Juneau, AK 99811-0420
Phone (907)465-2320 • Fax (907)465-3098 www.tax.alaska.gov/gaming

Department use only: date stamp

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Change of Supervisory Employees If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	First name	MI	Last name	Social Security number	Effective Date
<input type="checkbox"/> Add <input type="checkbox"/> Delete	First name	MI	Last name	Social Security number	Effective Date

Activities Conducted by MBP

Is any facility rented or leased from an MBP member? ☐ No ☐ Yes If Yes, see instructions. If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated			
Game type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Other (specify):					
Physical address			City	State	Zip + 4

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Facility name	Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated			
Game type(s) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffles <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Other (specify):					
Physical address			City	State	Zip + 4

Change of Vendor Information

Attach vendor registration form(s) and fee(s). If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or liquor store name	<input type="checkbox"/> Add <input type="checkbox"/> Delete	Bar or liquor store name
Physical address		Physical address	
City	State AK	City	State AK

Manager of Games As defined in 15 AAC 160.995 and 15 AAC 160.365. If more than two changes, attach a separate sheet.

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Manager first name	MI	Manager last name	Social Security number	Daytime phone number
Home mailing address			City	State	Zip + 4
Has this manager passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No			Permit # under which test was taken		Effective Date

<input type="checkbox"/> Add <input type="checkbox"/> Delete	Manager first name	MI	Manager last name	Social Security number	Daytime phone number
Home mailing address			City	State	Zip + 4
Has this manager passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No			Permit # under which test was taken		Effective Date

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